



**CITY OF HOUSTON**  
Department of Health and Human Services

**Annise D. Parker**

Mayor

**Bureau of Epidemiology Disease Reporting Packet – 2015**

Dear Reporting Agency,

Thank you for reporting notifiable conditions to the Bureau of Epidemiology at the Houston Department of Health and Human Services (HDHHS). Timely reporting allows the Health Department to respond to and control potential disease outbreaks. Reporting also allows the Health Department to monitor disease trends in Houston.

The purpose of this Reporting Packet is to provide reporting agencies with the 2015 list of notifiable conditions, reporting forms, and other information. The Reporting Packet includes:

1. 2015 List of Notifiable Conditions in Texas
2. 2015 Summary of Changes in the Texas Administrative Code regarding Notifiable Conditions
3. Morbidity Report Form for HDHHS
4. STD Reporting Form for HDHHS
5. HIV/AIDS Case Reporting Form (ACRF)
6. List of Helpful Websites
7. OCR HIPAA Privacy Rules

Stephen L. Williams,  
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8000 N. Stadium Drive  
Houston, Texas 77054-  
1823

T. 832-393-5169  
F. 832-393-5259  
[www.houstontx.gov](http://www.houstontx.gov)  
[www.houstonhealth.org](http://www.houstonhealth.org)

The Morbidity Report Form, item 3, is used to report most diseases to the Bureau of Epidemiology at the HDHHS. This form may be faxed to 832-393-5232. You may also call 832-393-5080, Monday to Friday between 8am to 5pm. This same number serves as our 24/7 Epidemiology on-call line. You may call this number outside of normal business hours to report diseases requiring immediate attention.

In addition to the Morbidity Report Form, this packet also includes the STD and HIV reporting forms. These forms may be faxed to 832-393-5230. Please do not fax any report form indicating HIV/AIDS status. These can be mailed to:

Houston Department of Health and Human Services  
8000 North Stadium  
4<sup>th</sup> Floor Epidemiology  
Houston, TX 77054

Thank you for your assistance,

Raouf Arafat, MD, MPH  
Assistant Director, Houston Department of Health and Human Services  
Division Director, Office of Surveillance and Public Health Preparedness



Council Members: Brenda Stardig Jerry Davis Ellen Cohen Dwight Boykins Dave Martin Richard Nguyen Oliver Pennington Ed Gonzalez  
Robert Gallegos Mike Laster Larry Green Stephen C. Costello David Robinson Michael Kubosh C.O. "Brad" Bradford Jack Christie  
Controller: Ronald C. Green



**Texas Notifiable Conditions**  
**24/7 Number for Immediately Reportable– 1-800-705-8868**  
**Report confirmed and suspected cases.**



**Unless noted by \*, report to your local or regional health department using number above or find contact information at <http://www.dshs.state.tx.us/idcu/investigation/conditions/contacts/>**

A – I	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) <sup>1, 2</sup>	Within 1 week	* <b>Lead, child blood, any level &amp; adult blood, any level</b> <sup>3</sup>	<b>Call/Fax Immediately</b>
Amebiasis <sup>4</sup>	Within 1 week	Legionellosis <sup>4</sup>	Within 1 week
Amebic meningitis and encephalitis <sup>4</sup>	Within 1 week	Leishmaniasis <sup>4</sup>	Within 1 week
Anaplasmosis <sup>4</sup>	Within 1 week	Listeriosis <sup>4, 5</sup>	Within 1 week
<b>Anthrax</b> <sup>4, 5</sup>	<b>Call Immediately</b>	Lyme disease <sup>4</sup>	Within 1 week
Arbovirus infection <sup>4</sup>	Within 1 week	Malaria <sup>4</sup>	Within 1 week
*Asbestosis <sup>6</sup>	Within 1 week	<b>Measles (rubeola)</b> <sup>4</sup>	<b>Call Immediately</b>
Babesiosis <sup>4</sup>	Within 1 week	<b>Meningococcal infections, invasive</b> <sup>4, 5</sup>	<b>Call Immediately</b>
<b>Botulism (adult and infant)</b> <sup>4, 5, 7</sup>	<b>Call Immediately</b>	<b>Multidrug-resistant <i>Acinetobacter</i> (MDR-A)</b> <sup>8</sup>	<b>Call Immediately</b>
<b>Brucellosis</b> <sup>4, 5</sup>	<b>Within 1 work day</b>	Mumps <sup>4</sup>	Within 1 week
Campylobacteriosis <sup>4</sup>	Within 1 week	<b>Pertussis</b> <sup>4</sup>	<b>Within 1 work day</b>
*Cancer <sup>9</sup>	See rules <sup>9</sup>	*Pesticide poisoning, acute occupational <sup>10</sup>	Within 1 week
<b>Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE)</b> <sup>11</sup>	<b>Call Immediately</b>	<b>Plague (<i>Yersinia pestis</i>)</b> <sup>4, 5</sup>	<b>Call Immediately</b>
Chagas' disease <sup>4</sup>	Within 1 week	<b>Poliomyelitis, acute paralytic</b> <sup>4</sup>	<b>Call Immediately</b>
*Chancroid <sup>1</sup>	Within 1 week	<b>Poliovirus infection, non-paralytic</b> <sup>4</sup>	<b>Within 1 work day</b>
Chickenpox (varicella) <sup>12</sup>	Within 1 week	<b>Q fever</b> <sup>4</sup>	<b>Within 1 work day</b>
* <i>Chlamydia trachomatis</i> infection <sup>1</sup>	Within 1 week	<b>Rabies, human</b> <sup>4</sup>	<b>Call Immediately</b>
*Contaminated sharps injury <sup>13</sup>	Within 1 month	Relapsing fever <sup>4</sup>	Within 1 week
* <b>Controlled substance overdose</b> <sup>14</sup>	<b>Call Immediately</b>	<b>Rubella (including congenital)</b> <sup>4</sup>	<b>Within 1 work day</b>
<b>Coronavirus, novel causing severe acute respiratory disease</b> <sup>3,15</sup>	<b>Call Immediately</b>	Salmonellosis, including typhoid fever <sup>4</sup>	Within 1 week
Creutzfeldt-Jakob disease (CJD) <sup>4,16</sup>	Within 1 week	Shigellosis <sup>4</sup>	Within 1 week
Cryptosporidiosis <sup>4</sup>	Within 1 week	*Silicosis <sup>17</sup>	Within 1 week
Cyclosporiasis <sup>4</sup>	Within 1 week	<b>Smallpox</b> <sup>4</sup>	<b>Call Immediately</b>
Cysticercosis <sup>4</sup>	Within 1 week	*Spinal cord injury <sup>19</sup>	Within 10 work days
*Cytogenetic results (fetus and infant only) <sup>18</sup>	See rules <sup>18</sup>	Spotted fever group rickettsioses <sup>3</sup>	Within 1 week
Dengue <sup>4</sup>	Within 1 week	<b>Staph. aureus, vancomycin-resistant (VISA and VRSA)</b> <sup>4, 5</sup>	<b>Call Immediately</b>
<b>Diphtheria</b> <sup>4</sup>	<b>Call Immediately</b>	Streptococcal disease (group A, B, <i>S. pneumo</i> ), invasive <sup>4</sup>	Within 1 week
*Drowning/near drowning <sup>19</sup>	Within 10 work days	<b>*Syphilis – primary and secondary stages</b> <sup>1, 20</sup>	<b>Within 1 work day</b>
Ehrlichiosis <sup>4</sup>	Within 1 week	*Syphilis – all other stages <sup>1, 20</sup>	Within 1 week
<i>Escherichia coli</i> infection, Shiga toxin-producing <sup>4, 5</sup>	Within 1 week	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection <sup>4</sup>	Within 1 week
*Gonorrhea <sup>1</sup>	Within 1 week	Tetanus <sup>4</sup>	Within 1 week
<i>Haemophilus influenzae</i> type b infections, invasive <sup>4</sup>	Within 1 week	*Traumatic brain injury <sup>19</sup>	Within 10 work days
Hansen's disease (leprosy) <sup>4</sup>	Within 1 week	Trichinosis <sup>3</sup>	Within 1 week
Hantavirus infection <sup>4</sup>	Within 1 week	<b>Tuberculosis disease</b> <sup>5, 21</sup>	<b>Within 1 work day</b>
Hemolytic Uremic Syndrome (HUS) <sup>4</sup>	Within 1 week	Tuberculosis infection <sup>22</sup>	Within 5 work days
<b>Hepatitis A (acute)</b> <sup>4</sup>	<b>Within 1 work day</b>	<b>Tularemia</b> <sup>4, 5</sup>	<b>Call Immediately</b>
Hepatitis B, C, and E (acute) <sup>4</sup>	Within 1 week	Typhus <sup>4</sup>	Within 1 week
Hepatitis B identified prenatally or at delivery (acute & chronic) <sup>4</sup>	Within 1 week	<b>Vibrio infection, including cholera</b> <sup>4, 5</sup>	<b>Within 1 work day</b>
<b>Hepatitis B, perinatal (HBsAg+ &lt; 24 months old)</b> <sup>4</sup>	<b>Within 1 work day</b>	<b>Viral hemorrhagic fever, including Ebola</b> <sup>4</sup>	<b>Call Immediately</b>
*Human immunodeficiency virus (HIV) infection <sup>1, 2</sup>	Within 1 week	<b>Yellow fever</b> <sup>4</sup>	<b>Call Immediately</b>
<b>Influenza-associated pediatric mortality</b> <sup>4</sup>	<b>Within 1 work day</b>	Yersiniosis <sup>4</sup>	Within 1 week
<b>Influenza, Novel</b> <sup>4</sup>	<b>Call Immediately</b>		
<b>In addition to specified reportable conditions, <i>any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available</i></b>			

**\*See condition-specific footnote for reporting contact information**

<sup>1</sup> Please refer to specific rules and regulations for HIV/STD reporting and who to report to at: <http://www.dshs.state.tx.us/hivstd/healthcare/reporting.shtm>.

<sup>2</sup> Labs conducting confirmatory HIV testing are requested to send remaining specimen to a CDC-designated laboratory. Please call 512-533-3132 for details.

<sup>3</sup> For reporting information see <http://www.dshs.state.tx.us/lead/default.shtm>.

<sup>4</sup> Reporting forms are available at <http://www.dshs.state.tx.us/idcu/investigation/forms/>, and investigation forms at <http://www.dshs.state.tx.us/idcu/investigation/>. Call as indicated for immediately reportable conditions.

<sup>5</sup> Lab isolate must be sent to DSHS lab. Call 512-776-7598 for specimen submission information.

<sup>6</sup> For reporting information see <http://www.dshs.state.tx.us/epitox/asbestosis.shtm>.

<sup>7</sup> Report suspected botulism immediately by phone to 888-963-7111.

<sup>8</sup> See additional reporting information at [http://www.dshs.state.tx.us/IDCU/health/antibiotic\\_resistance/MDR-A-Reporting.doc](http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/MDR-A-Reporting.doc).

<sup>9</sup> Please refer to specific rules and regulations for cancer reporting and who to report to at <http://www.dshs.state.tx.us/tcr/reporting.shtm>.

<sup>10</sup> For reporting information see <http://www.dshs.state.tx.us/epitox/Pesticide-Exposure/%23reporting#reporting>

<sup>11</sup> See additional reporting information at [http://www.dshs.state.tx.us/IDCU/health/antibiotic\\_resistance/Reporting-CRE.doc](http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/Reporting-CRE.doc).

<sup>12</sup> Call your [local health department](#) for a copy of the Varicella Reporting Form with their fax number. The [Varicella \(chickenpox\) Reporting Form](#) should be used instead of an Epi-1 or Epi-2 morbidity report.

<sup>13</sup> Not applicable to private facilities. Initial reporting forms for Contaminated Sharps at [http://www.dshs.state.tx.us/idcu/health/infection\\_control/bloodborne\\_pathogens/reporting/](http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/).

<sup>14</sup> Contact local poison center at 1-800-222-1222. For instructions, see <http://www.dshs.state.tx.us/epidemiology/epipoison.shtm#rcso>.

<sup>15</sup> Novel coronavirus causing severe acute respiratory disease includes previously reportable Severe Acute Respiratory Syndrome (SARS).

<sup>16</sup> For purposes of surveillance, CJD notification also includes Kuru, Gerstmann-Sträussler-Scheinker (GSS) disease, fatal familial insomnia (FFI), sporadic fatal insomnia (sFI), Variably Protease-Sensitive Prionopathy (VPSPr) and any novel prion disease affecting humans.

<sup>17</sup> For reporting information see <http://www.dshs.state.tx.us/epitox/silicosis.shtm>.

<sup>18</sup> Report cytogenetic results including routine karyotype and cytogenetic microarray testing (fetus and infant only). Please refer to specific rules and regulations for birth defects reporting and who to report to at [http://www.dshs.state.tx.us/birthdefects/BD\\_LawRules.shtm](http://www.dshs.state.tx.us/birthdefects/BD_LawRules.shtm).

<sup>19</sup> Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.state.tx.us/injury/rules.shtm>.

<sup>20</sup> Laboratories should report syphilis test results within 3 work days of the testing outcome.

<sup>21</sup> Reportable tuberculosis disease includes the following: suspected tuberculosis disease pending final laboratory results; positive nucleic acid amplification tests; clinically or laboratory-confirmed tuberculosis disease; and all *Mycobacterium tuberculosis* (*M.tb*) complex including *M. tuberculosis*, *M. bovis*, *M. africanum*, *M. canettii*, *M. microti*, *M. caprae*, and *M. pinnipedii*. See rules at <http://www.dshs.state.tx.us/idcu/disease/tb/reporting/>.

<sup>22</sup> Reportable tuberculosis infection includes the following: a positive result from an Interferon-Gamma Release Assay (IGRA) test such as T-SPOT®.TB or QuantiFERON®-TB Gold In-Tube (QFT-G) or a tuberculin skin test (TST) plus a normal chest x-ray and asymptomatic.

## **2015 Summary of Changes in the Texas Administrative Code**

### **Regarding Notifiable Conditions\***

#### **Conditions Added**

- Dengue-like illness
- Chikungunya, Flavivirus, unspecified and Other, arbovirus (added to the list of non-neuroinvasive arboviruses)
- Viral hemorrhagic fever (VHF)- separated into individual conditions

#### **Disease Specific Revisions in Case Criteria (C) and Laboratory Confirmation tests (T)**

- |  |   |
|--|---|
| • Campylobacteriosis (C)                           | • Novel coronavirus Causing Severe              |
| • Chagas disease, chronic indeterminate (C)        | Respiratory Disease (C)                         |
| • Carbapenem-resistant Enterobacteriaceae, CRE (C) | • Pertussis (L)                                 |
| • Dengue (C & L)                                   | • Spotted fever rickettsiosis (C)               |
| • Hantavirus (C & L)                               | • Streptococcal toxic-shock syndrome (C)        |
| • Meningococcal infection, invasive ( C & L)       | • Typhus fever (endemic fleaborne, Murine), (L) |
| • MRSA (L)   | • Viral Hemorrhagic fever, VHF (C)              |
|  | • VRSA (C)                                      |

**Any inquiries regarding changes to the EPI case criteria guide can be addressed by the Bureau of Epidemiology at:**

Houston Department of Health and Human Services  
8000 North Stadium  
4<sup>th</sup> Floor Epidemiology  
Houston, TX 77054  
Tel: 832-393-5080  
Fax: 832-393-5232

\* Please refer to the Epi Case Criteria Guide, 2015 (Page iii) for more information



# MORBIDITY REPORT FORM

Houston Department of Health and Human Services  
8000 North Stadium Drive Houston, Texas 77054

832-393-5080

F 832 393 5232 [Do NOT fax HIV/AIDS-related patient information]



Reported By : \_\_\_\_\_ Date : \_\_\_\_\_  
Case Number : \_\_\_\_\_

## PATIENT DEMOGRAPHIC DATA

Last Name : \_\_\_\_\_ FirstName & MI : \_\_\_\_\_  
DOB : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : \_\_\_\_\_  
Race/Ethnicity : \_\_\_\_\_ SocSecNumber : \_\_\_\_\_  
Address : \_\_\_\_\_  
City, Zipcode : \_\_\_\_\_ Home Phone : ( ) --  
Occupation/Work Place : \_\_\_\_\_ Tel: ( ) --  
School/Day Care Center : \_\_\_\_\_ Tel: ( ) --  
Parent/Contact Person : \_\_\_\_\_ Tel: ( ) --

## DISEASE DATA

Date of Onset: \_\_\_\_\_  
**REPORTABLE DISEASE/ORGANISM:** \_\_\_\_\_  
Species/serotype : \_\_\_\_\_

Source of Specimen	Date of Collection	Diagnostic test and Result	Source of Specimen	Date of Collection	Diagnostic test and Result
Specific Viral Hepatitis Studies		Anti-HAV IgM _____ Anti-HAV Total _____	Anti-HBc IgM _____ Anti-HBc Total _____ Anti-HBs _____ HbsAg _____ HbeAg _____	Anti-HCV _____ HCV RIBA _____ HCV RNA by PCR _____	AST/SGOT _____ ALT/SGPT _____

## HOSPITAL or CLINIC DATA

Hospital/Clinic : \_\_\_\_\_ Attending Physician : \_\_\_\_\_  
Medical RecNumber : \_\_\_\_\_ Address : \_\_\_\_\_  
Date Admitted : \_\_\_\_\_  
Date Discharged : \_\_\_\_\_ Pager/Phone : \_\_\_\_\_  
Date Expired : \_\_\_\_\_ Other Physician : \_\_\_\_\_

Comments/patient history/risk factors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigator: \_\_\_\_\_

FOR OFFICIAL USE ONLY

FILENO:	RPTBY :	HSA:	INTRV :	STATUS :
KMAP :	CENTRCT:	DX :	OCCUP:	



# CONFIDENTIAL STD MORBIDITY REPORT FORM

Houston Department of Health and Human Services  
ATTN: Bureau of Epidemiology . STD Surveillance 4<sup>th</sup> floor  
8000 North Stadium Drive Houston, Texas 77054  
Tel: (832)393-5080 Fax: (832)393-5232



Reported by: \_\_\_\_\_

Facility/Clinic: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

## PATIENT DEMOGRAPHIC DATA

Last Name	_____	First Name, MI	_____
DOB	_____	Social Security #	_____ Sex _____
Race	_____	Hispanic	<input type="checkbox"/> Y <input type="checkbox"/> N
Address	_____		
City, State Zipcode	_____	Home Phone	( ) --
Emergency Contact Name	_____	Other Phone	( ) --
	_____	Contact Phone	( ) --

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Unknown

Pregnancy Status ☐ N/A ☐ No ☐ Yes (Expected delivery date \_\_\_/\_\_\_/\_\_\_) ☐ Unknown (Last menstrual date \_\_\_/\_\_\_/\_\_\_)

Reason for Test (STD related, prenatal, immigration, etc): \_\_\_\_\_

## DISEASE DATA

Check Reportable Disease(s)

☐ Syphilis ☐ Gonorrhea ☐ Chlamydia ☐ Chancroid

List Signs and Symptoms: \_\_\_\_\_

Check Voluntary Disease(s)

☐ Genital Herpes ☐ Genital Warts ☐ Non-specific Urethritis ☐ Pelvic Inflammatory Disease

☐ Trichomoniasis ☐ Other non-specific Vaginitis ☐ Mucopurulent Cervicitis ☐ Other \_\_\_\_\_

## LABORATORY DATA

Date of Collection/Test	Diagnostic Test	Results	Laboratory

## TREATMENT INFORMATION

Prior History of Treatment ☐ Yes ☐ No ☐ Unknown

Date of Previous Treatment \_\_\_/\_\_\_/\_\_\_

Method of Prior Treatment \_\_\_\_\_

### CURRENT TREATMENT INFORMATION:

Date (s) of Treatment	Method of Treatment / Dose	Provider

Notes/Comments/Patient History/Risk Factors:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Laboratory Data									
HIV Antibody Test at Diagnosis (Indicate first test)					Collection Date (mm/dd/yyyy)				
HIV-1 IFA	Positive	Negative	Indeterminate		____/____/____				
HIV-1 Western Blot	Positive	Negative	Indeterminate		____/____/____				
Rapid	Positive	Negative	Indeterminate		____/____/____				
HIV-1 EIA	Positive	Negative	Indeterminate		____/____/____				
HIV-1/2 EIA	Positive	Negative	Indeterminate		____/____/____				
HIV 2 EIA	Positive	Negative	Indeterminate		____/____/____				
HIV-2 Western Blot	Positive	Negative	Indeterminate		____/____/____				
HIV-1/2 Ag/Ab	Positive	Negative	Indeterminate		____/____/____				
HIV Detection Test (Record all tests)					Collection Date (mm/dd/yyyy)				
HIV-1 P24 Antigen	Positive	Negative	Indeterminate		____/____/____				
HIV-1 Qualitative PCR (NAAT)	Positive	Negative	Indeterminate		____/____/____				
HIV-1 Proviral DNA (Qualitative)	Positive	Negative	Indeterminate		____/____/____				
Other _____	Positive	Negative	Indeterminate		____/____/____				
Immunologic Lab Tests					Collection Date (mm/dd/yyyy)				
AT or closest to current diagnosis status	CD4 Counts	_____ cells/ul			____/____/____				
CD4 Percent		_____ %			____/____/____				
First <200 L or <14%	CD4 Counts	_____ cells/ul			____/____/____				
CD4 Percent		_____ %			____/____/____				
Viral Load Tests (Most recent test)		Copies/ul	Log		Collection Date (mm/dd/yyyy)				
HIV-1 RNA NASBA		_____	_____		____/____/____				
HIV-1 RNA RT-PCR		_____	_____		____/____/____				
HIV-1 RNA bDNA		_____	_____		____/____/____				
Last documented negative HIV test?		Date ____/____/____			Test Type _____				
If HIV laboratory test not documented, Is HIV diagnosis documented by a physician?		Yes	No	Unknown	If Yes, Date ____/____/____				
Clinical		AIDS Indicator Diseases (O. I.)				Others			
Clinical Record Reviewed: Yes No		Def	Pres	Initial Date	For M. tuberculosis, pulmonary, RVCT Case Number: _____				
Enter date patient was diagnosed as:		O. I. _____		____/____/____	If HIV tests were not positive or were not done,				
Asymptomatic: ____/____/____		O. I. _____		____/____/____	does the patient have an immunodeficiency				
Symptomatic (not AIDS): ____/____/____		O. I. _____		____/____/____	that would disqualify him/her from AIDS case				
		O. I. _____		____/____/____	definition? Yes No Unknown.				
		O. I. _____		____/____/____					
Treatment / Services Referrals									
Has this patient been informed of his/her infection?			Yes	No	Unknown				
This patient's partners will be notified about their HIV exposure and counseled by:			Health Department	Physician/Provider	Patient	Unknown			
This patient is receiving or has been referred for HIV related medical services:			Yes	No	N/A	Unknown			
This patient is receiving or has been referred for substance abuse treatment services:			Yes	No	N/A	Unknown			
This patient received or is receiving antiretroviral therapy (ART):			Yes	No	Unknown				
This patient received or is receiving PCP prophylaxis:			Yes	No	N/A	Unknown			
For Women									
This patient is receiving or has been referred for gynecological or obstetrical services:			Yes	No	Unknown				
Is this patient currently pregnant?			Yes	No	Unknown				
Has this patient delivered live-born infants?			Yes	No	Unknown (If yes, provide birth info below)				
Child's Name: _____			Child's State ID Number: _____		Child's Date of Birth: ____/____/____				
Child's Hospital of Birth: _____			City: _____	State: _____	County: _____	Country: _____			
Child's Name: _____			Child's State ID Number: _____		Child's Date of Birth: ____/____/____				
Child's Hospital of Birth: _____			City: _____	State: _____	County: _____	Country: _____			
Testing and Treatment History (TTH)									
Completion Method:	Patient Interview	MRR	Provider Report	PEMS	Other	Date information is collected: ____/____/____			
EVER had previous positive HIV test?	Yes	No	Refused	Unk		Date of very first positive HIV test: ____/____/____			
EVER had a negative HIV test?	Yes	No	Refused	Unk		Date of very last negative HIV test: ____/____/____			
Number of negative HIV tests within 24 months before first positive _____			Refused	Unk					
(Dates of negative tests: ____/____/____; ____/____/____; ____/____/____; ____/____/____; ____/____/____; ____/____/____; ____/____/____)									
Ever taken any ARV?	Yes	No	Refused	Unk	If yes, list all ARV: _____			Date 1st use: ____/____/____	Date of last use: ____/____/____
Local Fields (For Office Use Only)									
Lab Name of first HIV positive test: _____			Specimen Accession # of first positive test: _____			Collection date: ____/____/____			
Field Record cut for PHFU:	Yes (cut by HIV surveillance staff)	Date FR cut ____/____/____	Other (cut by others)			No			

**Houston Department of Health and Human Services**

**24/7/365 Disease Reporting Number**

**832-393-5080**

For non-emergencies: call between 8am and 5pm from Monday to Friday. Diseases not requiring immediate attention can be faxed to 832-393-5232. Do not fax HIV/AIDS status information.

## **Helpful Websites**

Houston Department of Health and Human Services, Epidemiology and Disease Reporting  
<http://www.houstontx.gov/health/epidemiology-and-disease-reporting>

Texas Department of State Health Services, Infectious Disease Home page  
<https://www.dshs.state.tx.us/idcu/>

CDC National Healthcare Safety Network: FAQ About HIPAA Privacy Rule Guidance  
[http://www.cdc.gov/nhsn/faqs/FAQ\\_HIPPARules.html](http://www.cdc.gov/nhsn/faqs/FAQ_HIPPARules.html)

*Several Texas laws (Health & Safety Code, Chapter 81.84, and 87) require specific information regarding notifiable conditions be provided to the Texas Department of State Health Services (DSHS). Health care providers, hospitals, laboratories, schools, and others are required to report patients who are suspected of having a notifiable condition (Chapter 97, Title 25, Texas Administrative Code).*



## **DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES**

[45 CFR 164.512(b)]

### **Background**

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals. Accordingly, the Rule permits covered entities to disclose protected health information without authorization for specified public health purposes.

### **How the Rule Works**

General Public Health Activities. The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See 45 CFR 164.512(b)(1)(i). Also, covered entities may, at the direction of a public health authority, disclose protected health information to a foreign government agency that is acting in collaboration with a public health authority. See 45 CFR 164.512(b)(1)(i). Covered entities who are also a public health authority may use, as well as disclose, protected health information for these public health purposes. See 45 CFR 164.512(b)(2).

A “public health authority” is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR 164.501. Examples of a public health authority include State and local health departments, the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention, and the Occupational Safety and Health Administration (OSHA).

Generally, covered entities are required reasonably to limit the protected health information disclosed for public health purposes to the minimum amount necessary to accomplish the public health purpose. However, covered entities are not required to make a minimum necessary determination for public health disclosures that are made pursuant to an individual’s authorization, or for disclosures that are required by other law. See 45 CFR 164.502(b). For disclosures to a public health authority, covered entities may reasonably rely on

a minimum necessary determination made by the public health authority in requesting the protected health information. See 45 CFR 164.514(d)(3)(iii)(A). For routine and recurring public health disclosures, covered entities may develop standard protocols, as part of their minimum necessary policies and procedures, that address the types and amount of protected health information that may be disclosed for such purposes. See 45 CFR 164.514(d)(3)(i).

Other Public Health Activities. The Privacy Rule recognizes the important role that persons or entities other than public health authorities play in certain essential public health activities. Accordingly, the Rule permits covered entities to disclose protected health information, without authorization, to such persons or entities for the public health activities discussed below.

- Child abuse or neglect. Covered entities may disclose protected health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other appropriate government authority that is authorized by law to receive such reports. For instance, the social services department of a local government might have legal authority to receive reports of child abuse or neglect, in which case, the Privacy Rule would permit a covered entity to report such cases to that authority without obtaining individual authorization. Likewise, a covered entity could report such cases to the police department when the police department is authorized by law to receive such reports. See 45 CFR 164.512(b)(1)(ii). See also 45 CFR 512(c) for information regarding disclosures about adult victims of abuse, neglect, or domestic violence.
- Quality, safety or effectiveness of a product or activity regulated by the FDA. Covered entities may disclose protected health information to a person subject to FDA jurisdiction, for public health purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity for which that person has responsibility. Examples of purposes or activities for which such disclosures may be made include, but are not limited to:
  - ▶ Collecting or reporting adverse events (including similar reports regarding food and dietary supplements), product defects or problems (including problems regarding use or labeling), or biological product deviations;
  - ▶ Tracking FDA-regulated products;
  - ▶ Enabling product recalls, repairs, replacement or lookback (which includes locating and notifying individuals who received recalled or withdrawn products or products that are the subject of lookback); and
  - ▶ Conducting post-marketing surveillance.

See 45 CFR 164.512(b)(1)(iii). The “person” subject to the jurisdiction of the FDA does not have to be a specific individual. Rather, it can be an individual or an entity, such as a partnership, corporation, or association. Covered entities may identify the party or parties responsible for an FDA-regulated product from the product label, from written material that accompanies the product (known as labeling), or from sources of labeling, such as the Physician’s Desk Reference.

- Persons at risk of contracting or spreading a disease. A covered entity may disclose protected health information to a person who is at risk of contracting or spreading a disease or condition if other law authorizes the covered entity to notify such individuals as necessary to carry out public health interventions or investigations. For example, a covered health care provider may disclose protected health information as needed to notify a person that (s)he has been exposed to a communicable disease if the covered entity is legally authorized to do so to prevent or control the spread of the disease. See 45 CFR 164.512(b)(1)(iv).
- Workplace medical surveillance. A covered health care provider who provides a health care service to an individual at the request of the individual’s employer, or provides the service in the capacity of a member of the employer’s workforce, may disclose the individual’s protected health information to the employer for the purposes of workplace medical surveillance or the evaluation of work-related illness and injuries to the extent the employer needs that information to comply with OSHA, the Mine Safety and Health Administration (MSHA), or the requirements of State laws having a similar purpose. The information disclosed must be limited to the provider’s findings regarding such medical surveillance or work-related illness or injury. The covered health care provider must provide the individual with written notice that the information will be disclosed to his or her employer (or the notice may be posted at the worksite if that is where the service is provided). See 45 CFR 164.512(b)(1)(v).

### **Frequently Asked Questions**

To see Privacy Rule FAQs, click the desired link below:

[\*\*FAQs on Public Health Uses and Disclosures\*\*](#)

[\*\*FAQs on ALL Privacy Rule Topics\*\*](#)

(You can also go to [http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std\\_alp.php](http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std_alp.php), then select "Privacy of Health Information/HIPAA" from the Category drop down list and click the Search button.)